	And the second s	
Case 2	SENDER: COMPLETE THIS SECTION DOCUM	COMPLETE THIS SECTION ON DELIVERY age 1 of
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature A Agentic Addresses B Received by (Printed Name) C. Diate of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 2 1/2585
	William D. Paul 102 Meadow Wood Court Wetumpka, AL 36093	3. Service Type Certified Mail
	Approximate to	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Transfer from service label) 7007	1440 0000 0054 4007

Domestic Return Receipt

102595-02-M-1540

(Transfer from service label)
PS Form 3811, February 2004